

COTTONWOOD HEIGHTS

RESOLUTION No. 2009-40

A RESOLUTION APPROVING ENTRY INTO A PROVIDER AGREEMENT WITH CIGNA HEALTHCARE COMPANY FOR HEALTHCARE INSURANCE

WHEREAS, the city council (the "*Council*") of the city of Cottonwood Heights (the "*City*") met in regular session on 23 June 2009 to consider, among other things, approving a provider agreement (the "*Agreement*") with CIGNA HealthCare Company ("*CIGNA*") whereunder CIGNA would act as the healthcare insurance provider for City's employees on the terms and conditions specified in the Agreement; and

WHEREAS, the Council has reviewed the form of the Agreement, a photocopy of which is annexed hereto; and

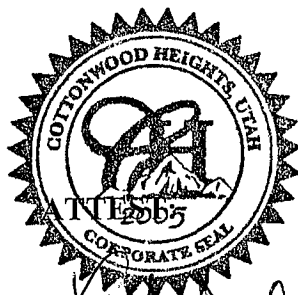
WHEREAS, after careful consideration, the Council has determined that it is in the best interests of the health, safety and welfare of the citizens of the City to approve the City's entry into the Agreement as proposed;

NOW, THEREFORE, BE IT RESOLVED by the Cottonwood Heights city council that the attached Agreement is hereby approved, and that the City's mayor and recorder are authorized and directed to execute and deliver the Agreement on behalf of the City.

This Resolution, assigned no. 2009-40, shall take effect immediately upon passage.

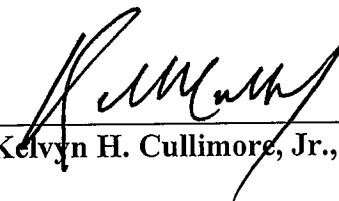
PASSED AND APPROVED effective 23 June 2009.

COTTONWOOD HEIGHTS CITY COUNCIL




Linda W. Dunlavy, Recorder

By


Kervyn H. Cullimore, Jr., Mayor

VOTING:

Kelvyn H. Cullimore, Jr.	Yea <input checked="" type="checkbox"/>	Nay <input type="checkbox"/>
Gordon M. Thomas	Yea <input checked="" type="checkbox"/>	Nay <input type="checkbox"/>
J. Scott Bracken	Yea <input checked="" type="checkbox"/>	Nay <input type="checkbox"/>
Don J. Antczak	Yea <input checked="" type="checkbox"/>	Nay <input type="checkbox"/>
Bruce T. Jones	Yea <input checked="" type="checkbox"/>	Nay <input type="checkbox"/>

DEPOSITED in the office of the City Recorder this 23rd day of June 2009.

RECORDED this 24th day of June 2009.

WST\CH\524740.1

CUSTOMER ACKNOWLEDGMENT FORM
(CAF)

To be completed by Field Sales and Customer

CIGNA HealthCare

Producer of Record Information Section: (Complete all)

Effective 7/1/2009, I hereby acknowledge

Diversified Insurance Brokers
Producer (Individual/Firm to Whom Compensation will be paid)

n/a
(% share if other than 100%)

n/a
Producer (Individual/Firm to Whom Compensation will be paid)

n/a
(% share if other than 100%)

to be designated the producer of record for

City of Cottonwood Heights

3331931

Customer Name

Account Number

Funding Arrangement Information Section: (Check & Complete one)

Traditional Insured Cases:

Account/Group Number

3331931

n/a
HMO Site (if applicable)

Cash Management Program (CMP):

n/a

Customer understands funding arrangement of the policies applied for will reduce the amount of premium paid directly to Connecticut General Life Insurance Company. Customer hereby authorizes Connecticut General Life Insurance Company to act as transfer agent in paying compensation to our designated producer of record based upon the premium paid to Connecticut General and the amounts funded by Customer through their benefit payment account(s) under the funding arrangement elected.

Administrative Services Only (ASO):

n/a

Customer recognizes this account is funded on an Administrative Services Only basis. We request Connecticut General Life Insurance Company compensate our designated producer of record as follows:

n/a annual flat compensation

\$ n/a per covered

Other (Please specify) n/a

The compensation will be included in Connecticut General's retention expenses.

Signature Requirements Section: (Complete all)

X

Authorized Customer Signature KELVIN J. CUMMINS, JR., Manager

6/23/09
Date

CORNWALL HEIGHTS

Authorized Customer Name (Print)

ATTEST:

LINDA W. DUNNAN, Receiver

1265 East Fort Union Blvd., Suite 250

Customer Street Address

CORNWALL HEIGHTS, UT 84047

Customer City and State

To comply with New York's four percent (4%) limit on compensation paid to brokers on HMO contracts, CIGNA HealthCare will not pay more than four percent (4%) commissions on HMO, POS (formerly CHA), POS Open Access and HMO Open Access products for membership covered by CIGNA Healthcare of New York, Inc.



CIGNA HealthCare

CIGNA HealthCare Group Benefits

Account Name: Cottonwood Heights City

1265 E Fort Union Blvd Ste 250,
Cottonwood Heights, UT 84047

SIC Code: 9199

Total Eligible Employees:	51	Participating Subscribers:	49
Employer Contributions - Employee:	90%	Employer Contributions - Dependent:	0%
Waiting Period:	FOMF 30		
Eligibility Definition:	Active Employees working 30 hrs		

Note: The Quoted rates are subject to final Underwriting approval and, as noted below, are subject to change in the event of changes in benefits selected or changes in the risk factors upon which the Quoted Rates are based. In addition, state law may require regulatory approval of rates. If required regulatory approval has not been obtained on the proposed effective date, the healthplan shall use rates that are consistent with its then currently approved rating methodology and the quoted rates shall be effective immediately on the date for which they are approved for use. The Quoted Rates are guaranteed while the Group Service Agreement remains in effect until the next anniversary date, unless enrollment changes by 10% in which case the CIGNA Companies may change the Quoted Rate.



CIGNA HealthCare

Proposed Benefits

Product: Open Access Plus

Situs State: UT Effective Date: 07/01/2009

Category	Description	In Network	Out of Network
Medical Benefits	Open Access Plus Copay		
	Modular Medical Management Program	PHS+	
	Office Visit Copay	NA	
	Primary Care Copay	\$15	
	Specialty Care Copay	\$25	
	Coinsurance	90%	70%
	Hospital IP Copay - Per Admit	NA	
	Hospital IP Deductible - Per Admit		NA
	Hospital IP Copay Per Day	NA	
	Hospital IP Deductible - Per Day		NA
	Maximum Reimbursable Charge		Option 2 - 110% Incl NSP & Bill Negotiation
	Collective Deductible/OOP Admin Option	NO	NO
	Combined Medical/Pharmacy Deductible/OOP Admin Option	NO	NO
	Annual Individual Plan Deductible	\$250	\$500
	Annual Family Plan Deductible	\$500	\$1,000
	Deduct Accumulator	Standard: One Way Accumulation	Standard: One Way Accumulation
	OOP - Individual Maximum Amount	\$1,000	\$2,500
	OOP - Family Maximum Amount	\$2,000	\$5,000
	OOP Max - Accumulator	Standard: One Way Accumulation	Standard: One Way Accumulation
	OOP Max Ded	Excl Ded	Excl Déd
	OOP Max Copays	Excl Copays	Excl Copays
	Lifetime Maximum Amount	\$5,000,000	
	Lifetime Maximum - Annual Reinstatement Amount	NA	
	Outpatient Facility Copay	\$250	
	Outpatient Facility Deductible		\$500
	Emergency Room Copay	\$100 Not Subject to Ded/Coins	
	Emergency Room Deductible		\$100
	Urgent Care Copay	\$50 Not Subject to Ded/Coins	
	Urgent Care Deductible		\$50
	Other Health Care Facility IP Maximum Days	60	
	Lab/Radiology Standard Coverage	100% Outpat/FS Facility	Plan Ded/Coins
	MRI, CT PET Scans Copay	\$0	\$0
	Lab/Radiology Mid-Point Coins Option Coinsurance	NA	NA
	Home Health Care Maximum Days	60	
	Durable Medical Equipment	Included	Cvrd-Ded/Coins



CIGNA HealthCare

Proposed Benefits

Product: Open Access Plus

Situs State: UT Effective Date: 07/01/2009

Category	Description	In Network	Out of Network
Medical Benefits	Open Access Plus Copay		
	Durable Medical Equipment Maximum Amount	\$700	
	External Prosthetic Appliances	Included	Cvrd-Ded/Coins
	External Prosthetic Appliances Deductible	\$200	
	External Prosthetic Appliances Maximum Amount	\$1,000	
	Short Term Rehab and Chiro Combined Maximum Days	NA	
	Short Term Rehab Maximum Days	60	
	Chiropractic Care Maximum Amount	NA	
	Chiropractic Care Maximum Days	20	
	Infertility Treatment Standard Coverage	Not Covered	Not Covered
	Infertility Opt 1 - Diagnoses/Corrective procedures	Excluded	
	Infertility Opt 1 - Diagnoses/Corrective procedure		Not Covered
	Infertility Opt 2 - Opt 1 plus Invitro, GIFT, ZIFT, etc.	Excluded	
	Infertility Opt 2 - Opt 1 plus Invitro, GIFT, ZIFT		Not Covered
	Infertility Opt 2 - Lifetime Maximum Amount	NA	
	Bariatric Services	Excluded	
	Bariatric Surgery - Lifetime Maximum Amount	NA	
	Preventive Care - Children thru Age 2	Included	Not Covered
	Preventive Care Opt 2 - Annual Physicals Age 3+	Included	Not Covered
	Preventive Care Opt 2 - Immunizations	Included	
	Preventive Care Opt 2 - Calendar Year Benefit Maximum Amount	Unlimited	
	Organ Transplant	Included	Not Covered
	Health Advisor	Health Advisor Core/CCF	
	Routine Foot Care Buy-up	Excluded	Not Covered
	Routine Foot Care Separate Buy-up Coinsurance		NA
	Routine Foot Care - Cal Yr Buy-up Benefit Maximum Amount	NA	NA
	Non-Surgical TMJ	Excluded	Excluded
	PCL	Included	Included
	PAC/CSR - Standard IP Admit/Case Management UR Program		Included
	PAC/CSR IP Non Compliance Penalty Amount		\$750
	PAC/CSR IP Non Compliance Penalty Percent		50%
	Medicare COB: Retirees >=65 Admin Option	NA	
	Medicare COB Type	None	
	Percent of Medicare Eligible	NA	
	Well Aware Program (Diabetes)	Included	



CIGNA HealthCare

Proposed Benefits

Product: Open Access Plus

Situs State: UT Effective Date: 07/01/2009

Category	Description	In Network	Out of Network
Medical Benefits	Open Access Plus Copay		
	Well Aware Program (Cardiac)	Included	
	Well Aware Program (Asthma)	Included	
	Well Aware Program (Low Back Pain)	Included	
	Well Aware Program (COPD)	Included	
	Well Aware Program (Weight Complications)	Included	
	Well Aware Program (Targeted Conditions)	Included	
	Well Aware Program (Depression Management)	Included	
	Wellness Program (Healthy Steps to Weight Loss)	Excluded	
	24HIL	Included	
	Healthy Rewards	Included	
	LifeSource Organ Transplant Network Transplant Program	Included	
	Language Line	Included	
	Transition of Care	Included	
	Case Management	Included	
	Provider Channeling	Included	
	Away From Home Care	Included	
	Drugstore.Com	Included	
Pharmacy Benefits	CIGNA PharmacyPlus 3-Tier Copay		
	Plan Buy Up Option Coinsurance		NA
	Retail - Generic Copay	\$15	
	Retail - Brand Copay	\$30	
	Retail - Non Preferred Copay	\$50	
	Mail Order - Generic Copay	\$40	
	Mail Order - Brand Copay	\$85	
	Mail Order Copay - Non-preferred	\$145	
	Retail - Individual Buy Up Option Deductible		NA
	Retail - Family Buy Up Option Deductible		NA
	Retail - Individual Deductible	NA	
	Retail - Family Deductible	NA	
	OOP - Individual Maximum	NA	NA
	OOP - Family Maximum	NA	NA
	Standard Preventive Drugs Excluded from Deductible	NO	
	Ded & OOP Max Apply to MOD	Do Not Apply to MOD	
	MOD Program	No Mandatory	
	Maintenance Drug List	NA	
	Oral Contraceptives/Devices	Covered	



CIGNA HealthCare

Proposed Benefits

Product: Open Access Plus

Situs State: UT Effective Date: 07/01/2009

Category	Description	In Network	Out of Network
Pharmacy Benefits	CIGNA PharmacyPlus 3-Tier Copay		
	Lifestyle Drugs	Not Covered	
	Oral Fertility Drugs	Not Covered	
	Self-Administered Injectables	Covered	
	Optional Injectables Buy-Up	Not Covered	
	Insulin	Covered	
	Insulin Needles & Syringes	Covered	
	Glucose Test Strips	Covered	
	Lancets	Covered	
	Prenatal Vitamins	Covered	
	Step Therapy Program	Included	
	Clinical Management Program	Enhanced	
	Enh. - Benefit Exclusion	Selected	
	Enh. - Intensive Appropriateness of Use	Selected	
	Enh. - Utilization and Unit Cost Management	Selected	
	Generic Push	Included	
	Formulary	Incentive	
	Prescriber Panel	Open	
MH/SA Benefits	OA Plus MHSA Combined		
	CIGNA Behavioral Health	In & Outpatient Mgmt. CAP	
	MH/SA Hospital IP Coinsurance	90%	70%
	MH/SA Hospital IP - Per Admit Copay	NA	\$500
	MH/SA Hospital IP - Per Day Copay	NA	NA
	MH/SA Hospital IP Combined Maximum Days	30	
	MH/SA Outpatient Copay	\$25	
	MH/SA Outpatient Coinsurance	NA	70%
	MH/SA Intensive Outpatient Copay	\$50	\$50
	MH/SA Intensive Outpatient Coinsurance	90%	70%
	MH/SA OP & MH Group Therapy Combined Maximum Visits	30	
	MH Grp Therapy Copay	\$25	
	MH Grp Therapy Coinsurance	NA	70%
	MH/SA OP Tiered Copay Option	Excluded	
	MH/SA OP Tier 1 Copay	NA	
	MH/SA OP Tier 1 Visits (1 to _) Maximum	NA	
	MH/SA OP Tier 2 Copay	NA	
	MH/SA OP Tier 2 Visits (Tier 1 Max to _) Maximum	NA	
	MH/SA OP Tier 3 Copay	NA	



CIGNA HealthCare

Proposed Benefits

Product: Open Access Plus

Situs State: UT Effective Date: 07/01/2009

Category	Description	In Network	Out of Network
MH/SA Benefits	OA Plus MHSA Combined		
	MH/SA OP Tier 3 Visits (Tier 2 Max to _) Maximum	NA	
	Standard IP Review/Case Mgmt UR Program	Included	
	OP Review/Case Mgmt Buy Up 1 UR Program	Excluded	
	OP Review/Case Mgmt Buy Up 2 UR Program	Excluded	
	Transition of Care (90 day period)	Included	



CIGNA HealthCare

Display Group Name: OAP Matching

Tier	Subscribers	Proposed Rate	Monthly Premium
Employee	5.00	\$383.01	\$1,915.05
Emp + Dep	7.00	\$792.83	\$5,549.81
Emp + Family	37.00	\$1,072.43	\$39,679.91
Total	49.00		\$47,144.77



CIGNA HealthCare

**Medical History Information
For
Cottonwood Heights City**

1. Have there been claims over \$10,000 in the last 12 months?	N
2. Has any employee missed more than 10 consecutive days in the last 12 months due to illness or injury?	N
3. Are there any employees with ongoing disabilities?	N
4. Have any individuals been diagnosed, received treatment, or are currently receiving treatment from the following conditions in the past three years: Alcohol / Drug abuse, Cancer, Diabetes, Heart Conditions, Immune System Disorder, Kidney Ailments, Liver Diseases, Lung Conditions, Obesity, Organ Transplants?	N



CIGNA HealthCare

**Underwriting Contingencies
For
Cottonwood Heights City**

A. General Terms of this Proposal

The CIGNA HealthCare Company identified herein ("CIGNA") is pleased to present this Proposal for a Guaranteed Cost group medical and pharmacy benefit plan (the "Plan") sponsored by Cottonwood Heights City. This proposal is valid for 60 days from its original date of release, 05/11/2009. Any revisions or updates to this proposal will not renew this valid timeframe unless expressly communicated by CIGNA.

Proposal Caveats

CIGNA may revise or withdraw this Proposal if:

- 1 there is a change to the effective date of the quote.
- 2 the policy period length is different than 12 months.
- 3 the policy will not be situated in UT.
- 4 the Plan benefits are different than shown in the RFP or benefit modifications are requested.
- 5 the census or experience provided by Diversified is deemed inaccurate.
- 6 there is a change in any law, regulation, or required assessment or tax that changes CIGNA's costs in offering the plan.
- 7 enrollment increases or decreases by 10% or more, by product or for the total account, from the enrollment assumptions used in establishing the rates and/or fees set forth herein.
- 8 the final enrollment deviates from the quoted enrollment such that it results in a needed change in premium rates. Rates are based on final enrollment factors, including total number of enrollees, their age, sex, demographics, location and the distribution of enrollees by product or membership tier.
- 9 participation is below 50%. This will be based on the total eligible employees, identified as 51.
- 10 any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.
- 11 it is not the exclusive provider of Medical / Pharmacy or like products for all of Cottonwood Heights City's employees in all worksites.
- 12 the employer contributes less than 50% toward the total cost of the plan.
- 13 the employer changes its contribution to the plan rates (either the percentage or amount).
- 14 either one or more of the quoted sites withdraws prior to the effective date or terminates during the contract term, or at any time following enrollment.
- 15 the current waiting period is different than the first of the month following 30 days.



CIGNA HealthCare

**Underwriting Contingencies
For
Cottonwood Heights City**

B. Scope and Application of this Proposal

Unless otherwise indicated, this Proposal:

- 1 supersedes and renders null and void any prior CIGNA offer or proposal with respect to the Plan.
- 2 or policy may be canceled as of any Premium Due Date if the number of insured Employees fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules.
- 3 requires a separate benefit option due to state regulations, if you have purchased OAP/PPO with CIGNA Behavioral Advantage and you have members residing in NC or CA.
- 4 does not apply to part-time or seasonal employees for any plan.
- 5 does not apply to Medicare eligible retirees for any plan.
- 6 includes the Network Savings Program (NSP) and other bill negotiation.
- 7 excludes charges for converting a qualified member of a group plan to an individual plan.
- 8 includes a maximum reimbursable charge for out-of-network coverage equal to 110% of a fee schedule developed by CIGNA based upon a methodology similar to that used by Medicare to determine the allowable fee for similar services in the geographic market. OR 80th percentile of charges made by providers of such service or supply in the geographic area where the service is received.
- 9 assumes all employees are located in the network area, and that all employees are only eligible for the Connecticut General or other CIGNA company product offerings specified.
- 10 requires you notify us within 30 days if any information set forth in this form changes at any time while coverage is provided to you by CIGNA HealthCare Companies.
- 11 may require regulatory approval of rates. If, as of their proposed effective date, regulatory approval is not obtained, the healthplan shall use rates consistent with its then currently approved rates and the foregoing rates shall be effective automatically. If a product is new and has never had approved rates, the effective date of coverage will be postponed until regulatory approval is received.
- 12 allows caveats and conditions set forth in this document to survive execution of any final contract and/or issuance by CIGNA HealthCare of any policy and/or Group Service Agreement.



CIGNA HealthCare

**Underwriting Contingencies
For
Cottonwood Heights City**

The CIGNA HealthCare Companies reserve the right to change the Quoted Rates and/or Quoted Benefits or to decline to offer coverage if any of the foregoing information is inaccurate or changes prior to the proposed Effective Date indicated above, or if the quoted rates and/or fees are not agreed to within 60 days of receipt of this summary information form. If any of the information identified above changes either prior to the proposed Effective Date or while coverage is in effect, you agree to notify us promptly of such change.

The "Underwriting Contingencies" set forth above shall survive execution of any insurance policy, application, etc., issued by Connecticut General Life Insurance Company or any other CIGNA HealthCare company, and shall further survive the effective date of any such policies.

The benefits displayed in this summary are, for the most part, modular benefit packages used to develop the rates. Please review the Benefit Summary and its attachments for information about the benefits available in your sites.

"CIGNA Healthcare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

I UNDERSTAND AND AGREE ON BEHALF OF CONTRACTHOLDER THAT CIGNA HEALTHCARE MAY, NOTWITHSTANDING THE TERMS OF THE INSURANCE POLICY OR SERVICE AGREEMENT REVISE ANY PREMIUM RATES OR PREPAYMENT FEES AT ANY TIME IF THE ENROLLMENT OR EMPLOYER CONTRIBUTION LEVEL IS DIFFERENT THAN ASSUMED BY CIGNA HEALTHCARE IN UNDERWRITING THE CONTRACT.

Client Signature KEVIN H. COLLINS, JR., Mayor

6/23/09
Date

COTTONWOOD HEIGHTS

Client Name

Attest:

Title LINDA W. DUNN, Mayor

Application

Insured and/or Administered by
Connecticut General Life Insurance Company

CIGNA HealthCare



1. NAME OF APPLICANT City of Cottonwood Heights		2. MAIN ADDRESS 1265 E Fort Union Blvd, suite 250, Cottonwood Heights, UT 84047																																											
3. NATURE OF BUSINESS City																																													
4. CLASSES AND LOCATIONS OF INDIVIDUALS ELIGIBLE Active		5. SUBSIDIARY AND AFFILIATED COMPANIES INCLUDED																																											
6. TOTAL NUMBER OF INDIVIDUALS ELIGIBLE 51		FOR INDIVIDUAL BENEFITS FOR DEPENDENT BENEFITS																																											
HAVE ANY OF THE CLASSES OF INDIVIDUALS ELIGIBLE BEEN COVERED UNDER A GROUP INSURANCE POLICY OR ANY OTHER FORM OF GROUP PLAN WITHIN THE PAST FIVE YEARS? (y) Yes () No IF SO, PLEASE SPECIFY THE BENEFITS, THE UNDERWRITING COMPANY OR ORGANIZATION, AND THE DATES THESE BENEFITS WERE TERMINATED Public Employees Health Plan (PEHP), PPO Plan, terminated 6/30/2009																																													
7. GROUP INSURANCE APPLIED FOR (Please check all that apply)																																													
<table border="1"><thead><tr><th>INDIVIDUAL</th><th>DEPENDENT</th><th></th></tr></thead><tbody><tr><td>()</td><td>()</td><td>Life Insurance</td></tr><tr><td>()</td><td>()</td><td>Accidental Death & Dismemberment Insurance</td></tr><tr><td>()</td><td>--</td><td>Short Term Disability Insurance</td></tr><tr><td>()</td><td>--</td><td>Long Term Disability Insurance</td></tr><tr><td>(y)</td><td>(y)</td><td>Hospital Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Surgical Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Doctors Attendance Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Laboratory and X-ray Examination Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Major Medical Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Comprehensive Medical Benefits</td></tr><tr><td>()</td><td>()</td><td>Dental Benefits</td></tr><tr><td>()</td><td>()</td><td>Vision Benefits</td></tr><tr><td>(y)</td><td>(y)</td><td>Open Access Plus</td></tr></tbody></table>				INDIVIDUAL	DEPENDENT		()	()	Life Insurance	()	()	Accidental Death & Dismemberment Insurance	()	--	Short Term Disability Insurance	()	--	Long Term Disability Insurance	(y)	(y)	Hospital Benefits	(y)	(y)	Surgical Benefits	(y)	(y)	Doctors Attendance Benefits	(y)	(y)	Laboratory and X-ray Examination Benefits	(y)	(y)	Major Medical Benefits	(y)	(y)	Comprehensive Medical Benefits	()	()	Dental Benefits	()	()	Vision Benefits	(y)	(y)	Open Access Plus
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()	()	Vision Benefits																																											
(y)	(y)	Open Access Plus																																											
8. Effective Date Requested: 7/1/2009 Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect on the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If this Application is not accepted, no insurance will become effective. Any premium advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.																																													
9. THE APPLICANT DECLARES: that he has read the above statement and the answers to the above questions are complete and true. The Applicant agrees: (1) that this Application is offered as an inducement for the Group Insurance applied for; (2) that this Application will form a part of any policy issued; (3) that only the information on this Application will bind the Insurance Company; and (4) that no waiver or change will bind the Insurance Company unless signed by an Executive Officer of the Insurance Company. Group Insurance will only be provided to persons eligible under the policy(s) issued.																																													
Dated at 6/23/09 on																																													
Name of Applicant Cottonwood Heights																																													
By x Title Mayor																																													
Witness x Soliciting Agent if other than Witness																																													
Lloyd W. Dunham, Recorder																																													
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.																																													